

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Charles Shultis OR Tim Darnell		TELEPHONE NUMBER 601.364.2300 OR 601.576.7690	
ADDRESS 2095 Dunbarton Drive – Suite 201		CITY Jackson		STATE MS	ZIP 39216
EMAIL charles.shultis@msdh.state.ms.us OR tim.darnell@msdh.state.ms.us	SUBMIT DATE 6.11.10	Name or number of rule(s): Chapter 02 – Regulation Governing Residential Individual On-site Wastewater Disposal Systems: Certification			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Allow for no charge for Qualified Homeowner Maintenance Provider renewal Certificate. Require MSDH ID to be placed on septic tanks. Eliminate carrier tank size for all Pumper Vehicles.

Specific legal authority authorizing the promulgation of rule: Law: 41-67-3 (Duties and Responsibilities)

List all rules repealed, amended, or suspended by the proposed rule: Chapter 02 – Regulation Governing Residential Individual On-site Wastewater Disposal Systems: Certification

## ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 6.30.10 Time: 10-11am Place: Osborne Building (auditorium)

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

## ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> <u>6.11.10</u> <b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text <u>7.7.10</u> _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing _____ Other (specify): <u>8.9.10</u>

Printed name and Title of person authorized to file rules: Charles Shultis

Signature of person authorized to file rules: [Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	Accepted for filing by <u>17137 CB</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.